

DISCUSSION OF THE PAPER
BY EDMUND N. JOYNER, III:
“COMPREHENSIVE HEALTH CARE
FOR CHILDREN AND YOUTH: THE
ROOSEVELT HOSPITAL EXPERIENCE”*

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CHILD achievement, not merely survival, seems to be the emerging theme from programs such as the Child and Youth Project at Roosevelt Hospital in New York City. The uniqueness of the program at Roosevelt lies in the attempt to do a total health assessment within one given period of time. The merit of this approach is particularly meaningful in an urban population—a central city population in which the rate of mobility is high. Too often a child is never located in one place long enough for the series of visits usually necessary to complete a work-up which may or may not have all the ingredients of care included within the Roosevelt Hospital program.

At best the routine work-up usually assesses physical health with little attention paid to the emotional and social health of the child and family. Hence the health record of the child and family is usually a series of fragmented pictures that covers no complete interval in the life of the child. The information, when it is passed from one health facility to another, presents a series of isolated episodes rather than a program of care.

As recognition grows of the interdependence and interrelation of health, education, and welfare in the life of a child it becomes more imperative that total health assessments be done as soon as possible so that preventive and remedial measures can be introduced early. Health service bears a great responsibility, because it has the earliest contact

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with the child and the family. And it is therefore the responsibility of such service for early detection of physical disease, social malfunction, and emotional ills.

It also becomes clear that if a program such as that of Roosevelt Hospital is to do complete health evaluations this information should follow the child if he should move to another locality and have to enroll in another health facility. It would seem that the prescription for good health implies help to a family in locating another health center and establishing the necessary contact for the making of appointments and for transfer of records, so that continuity of care can be preserved without duplication of services already rendered.

Duplication of health services is wasted effort and is only liable to dissuade the family from continuing with its health care program. The family soon learns to distinguish between repetition and continuation. This point needs to be stressed now because, although more services are always needed within any locality, there are today more programs, if not of the same nature, of similar natures, and unless information can be passed easily from one facility to another the amount of duplication and wasted effort will become considerable.

The Roosevelt Hospital program, like so many other programs, has demonstrated the importance of having personnel in the program who not only speak the same language of the people in the community but understand their culture and living habits. The need for such personnel cannot be overstressed. Whether the name given to a member of this group is physician's assistant, social health technician, or family-health worker, what is implied is one or more new roles in the health services which have meaningful functions in the scope of health services needed today.

These various roles should bring adequate compensation and recognition to those who seek them as careers. There should also be adequate opportunity for those who wish to go into other allied health careers that may require further educational training.

Two points were not specifically discussed in the report on the Roosevelt project. One is the availability of services, that is: Are these services to be available only during the day or are there plans for evening or Saturday clinics? If there are not such plans, will this perhaps deny help to a needy group of patients, such as families in which the mother may be the only wage earner, or where both parents work?

From considerable experience with such groups, I can say that without evening or Saturday clinics there is little service available to the family that is trying to live on a minimal income. A parent may take off from work when the child is sick, but he is not going to take off from work for health supervision, continuation of care, and all of that which we are trying to implement and educate our families to accept. Therefore if we are going to stress continuity of service and health supervision, then we shall have to make our services available at times when families can utilize them.

The second point is the responsibility the program takes for the health care of the family. Even though the programs are primarily child-oriented by design, by implication there is a responsibility to see that other members of the family receive adequate health care. Certainly these programs should be able to help a pregnant woman obtain early prenatal care, and to provide family-planning information as part of the health-care information services for mothers.

The more closely obstetrics and pediatrics work together, the better for the child. The earlier the mother can be reached in the prenatal period, the greater the help she can receive—not only in learning about the physical care of her infant, but also how an infant grows emotionally, and the stimulating activities needed at various ages in the child's growth. If continuity of care can be extended from the prenatal into the pediatric period, the greater are the chances that the mother will return not only for care of her infant, but for herself as well.

There has been much talk in all programs about cost, and on this subject I suggest only that it is less expensive to have all of the resources available early in life; for this may make a child's later life more successful than large amounts of money poured into the programs of rehabilitation, reeducation, and retraining at an age and time when persons have already become dismayed, disillusioned, and disheartened.

To Roosevelt Hospital goes the thanks of many of us who are interested in the health and welfare of children. As someone once said, the wars against poverty, ignorance, and hate are fought in the name of children. How much wiser it would be to finance programs that guarantee every newborn child the opportunity to achieve, mature, and lead an adult life with less poverty, less ignorance, and less hate.